DOCUMENT RESUME

ED 396 207 CG 027 119

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TITLE Gender as Interpersonally Created in the Therapeutic Relationship: Client Considerations.
PUB DATE [94]
NOTE 12p.
PUB TYPE Information Analyses (070)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Client Characteristics (Human Services); Counselor Attitudes; Counselor Characteristics; *Counselor Client Relationship; *Helping Relationship; *Sex Bias; Sex Role; *Sex Stereotypes

ABSTRACT

Therapy can easily and unwittingly be dominated by the way that the larger society thinks and talks about gender issues. The best way to insure that society's dominant discourses do not implicitly shape therapy is to make gender issues explicit in the therapy dialogue when relevant to the discussion. Explicit treatment can lead to reconstructions of the dominant discourses or an opening up to alternative discourses. Also, it is important to remember that gendered behaviors are not static, but rather vary according to the situational context. In therapy, the therapist, client, and situational variables all play a part in the elicitation of gender-related behaviors in the client. Therefore, the therapist must be aware of these more immediate and proximal variables that may affect the display of gender-related behavior in therapeutic interactions. (TS)

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Gender as Interpersonally Created in the Therapeutic Relationship:

Client Considerations

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by Laura L. Rencher, Jeanne Schillaci, and Sherry Goss

Children are born into a gendered society in which they are identified in a dichotomy of femaleness or maleness. Indeed, the idea of societal differences between genders seems to resonate intuitively with experience. Yet actual personality and behavior differences between women and men seem remarkably hard to document through research (Deaux & Major, 1987; Lott, 1990). One way to reconcile these two seemingly contradictory statements is to think about gender in terms of *plasticity*; i.e., while personality organization may be the sum of socialization history and influenced by both biological and psychological factors, its expression is constantly mediated by relational interactions and situational contexts (Harding, 1986). This results in the flexibility and variability in the manifestations of gender. In attempting to explain this type of plasticity, current theories focus on gender as created through relational interactions and situational contexts as opposed to aspects of individual personality (Unger, 1991). This paper will use two of these current theories about gender to examine their implications for therapy. The first line of thought, the analysis of therapy using Dominant Discourses, has been elaborated by Rachel Hare-Mustin. This analysis asks us to inquire: Are dialogues in therapy being limited by overarching dominant societal beliefs about gender roles? The second theory, based on Kay Deaux and Brenda Major's Model of the Display of Gender-Related Behaviors, raises the question of whether we, as therapists, inadvertently emit expectancies for gender-related

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behavior which will then elicit such behavior from our clients. Thus, this question can be posed: Are we reinforcing gender roles as we define them instead of encouraging more flexibility in behavior? To explore these possibilities, we will use the following fictitious therapy case example of a client named Pat.

Pat enters therapy with a presenting problem of "feeling down, fatigued and unmotivated." Pat, who is married with two small children, is a sales manager at a large company. The client has been in the same position for the last ten years, and is disappointed by the absence of any significant promotions. The therapist begins by asking the client the reasons for the lack of promotions. Pat attributes it to only working 40 hours a week and not going into the office on weekends; Pat avoids working overtime in order to make time for family recreation and chores. In addition, Pat admits to being less assertive and less well-organized than co-workers.

Pat's biological sex was purposely left ambiguous. How might Pat's sex and resulting gender socialization impact his/her view of the work situation? Would a therapist have different expectations or react differently to the presenting concerns depending on whether Pat is a woman or a man? How might therapy be limited by gendered lines of thought?

Dominant Discourses

In order to identify the assumptions that the client and the therapist may bring into therapy, we will use Hare-Musten's concept of Dominant Discourses. She defines these as "a system of statements, practices, and institutional structures that share common values" (p. 19). These discourses have "both linguistic and nonlinguistic aspects ... that sustain a certain world view" (p. 19-20) that is dominant in a society at any given time. Dominant discourses construct and are constructed by social interactions -- all of which take place in our culture within the

context of a patriarchy. These overarching dialogues usually reflect stereotypes, and as such, dominant discourses shape our interactions with others just as our interactions shape them. It is essential to recognize that the purpose of dominant discourses is to create and sustain current power dynamics in society's structure. Thus, as part of the analysis, it is important to examine and question whose power is maintained by the dominant discourses.

An example of a dominant discourse is the societal belief that "men are the primary breadwinners of families." This belief is not based on fact, but rather is a cultural belief that influences our perceptions and evaluations of men and women. As a result of this dominant discourse, males are prescribed the expectation that they should be willing to sacrifice to get ahead in their careers, while women, in contrast, are given a strong encouragement to not put their careers above their family nurturing responsibilities. The dominant discourse does not so much reflect current social realities as it influences current expectations and behaviors.

Referring back to our case example, let us consider Pat as a male client. In this circumstance, the "men as the primary breadwinners" dominant discourse may be influencing both therapist and client, generating an implicit assumption that Pat's primary contribution to the family is his monetary success in his career. The therapist's conceptualization of Pat, then, may be as someone with low self-esteem who is not appropriately assertive in his work environment. Intrapsychic conflicts might be explored: What is it about being successful that is incongruent with Pat's psyche? Do Pat's past relationships with members of his family of origin impede his ability to now accept his masculine role? Does his desire to spend time with his family reflect a dependance on his wife? In addition to intrapsychic work, a therapist might include approaches such as assertiveness training, self-esteem exercises, and managerial skill improvement through

continuing education. The therapy goal might be to improve Pat's confidence to the point where he could approach his managers to negotiate terms for a future promotion.

Because this dominant discourse emphasizes men's economic responsibilities, the issue of Pat not wanting to work overtime (perhaps motivated by his relatedness needs) might be minimized or overlooked in later sessions by both the therapist and the client. Pat's determination to stick to a 40-hour work week in order to spend more time with his family slowly becomes eroded because of the neglect of any discussion of the conflict between work-time and family-time. Thus, the dominant discourse has unconsciously influenced the dialogue of the therapist and client. Although, of course, the therapist hopes to impact the client, the dominant discourse may have deleted some of the client's valid priorities from discussion, such as Pat's resistance to working long hours. It is important to note that legitimate alternative discourses may not even be present, such as the cost of patriarchal values to men. For example, therapy may not address Pat's unrecognized feelings of stress about being the primary breadwinner of the family, his longing for more time with his small children, his resentment for being judged strictly by his salary level, and his envy of his wife's options as she considers working part-time or attending graduate school in social work.

On the other hand, if our client, Pat, were a woman, the presence of the "women as nurturers" dominant discourse might divert the therapy discussion away from career issues. The therapist might focus on relational issues as more relevant, such as the conflict of working over-time versus family time. Both therapist and client may implicitly collude in believing that a woman's priorities should be on taking care of her family and relationships. The interactions in therapy would be limited to this focus. Once again, the dominant discourse would have

influenced the therapeutic dialogue, and therein neglected a legitimate presenting problem of the client -- i.e., her dissatisfaction with her lack of promotion at work. Other pertinent issues which could be included in alternative discourses may be overlooked in therapy. These include the division of household tasks and childcare between Pat and her husband, her husband's attitude towards her career goals, and possible sex discrimination at work.

In these two examples, the therapist's view of the problem and the resulting therapeutic dialogue are shaped by the "men as the primary bread winners" and "women as nurturers" dominant discourses. In the first case with the male client, the therapy is shaped by the dominant discourse's emphasis of the male as primary economic provider, along with the accompanying assumption that a great portion of male self-esteem is derived from success at work. The hypothetical therapy with the female client, influenced by the dominant discourse of "women as nurturers", has the expectancy that work success is secondary to a successful family life and relationships. In both cases, the dominant discourse limits the therapy discourse, and ultimately results in a constricted therapeutic outcome.

The Model of the Display of Gender-Related Behaviors

Whereas the Dominant Discourse model gives us a framework for understanding the source of bias that can impact the therapeutic dialogue, Kate Deaux and Brenda Major's (1987) Model of the Display of Gender-Related Behaviors helps us to see how the resulting interpersonal interaction can actually elicit the display of gender-related behaviors on the part of the client. This Model originates from social psychology and is based on the theory that men and women internalize socially dictated constructions of gender as a normal part of development. Both during the developmental process and adulthood, they are rewarded for the display of

gender-related behaviors in the context of interpersonal interactions **and** these behaviors are most likely to be elicited in contexts in which gender is salient (Deaux & Major, 1987).

The Deaux and Major Model has important implications for therapy, with its dialogical nature. First, the model predicts that the client may alter his or her behavior in response to the therapist, situational, and personal variables.

First, the model posits that the therapist's expectancies can influence the client's behavior. While the therapist has little control over the client's own set of personal variables that will influence the interaction, his or her own expectancies and cues to the client may elicit certain gender-related behaviors. These expectancies originate as gender belief systems about women and men, the most common being stereotypes. These vary by the individual and may become more specific among men and women according to other classifiers such as "career woman, housewife, business man, or macho man" (Deux & Major, p. , 1987). Activation of these different beliefs of the therapist can be influenced by several possible variables: first, the particular therapist's likelihood to interpret and organize thoughts by using gender-linked schemas; second, if the therapist's gender-linked schemas are primed by the most recent preceding events; third, the attributes of the client; and last, if the situational context is highly gender salient.

Let's say that in our case example with Pat, the male client has a male therapist named George. George has just recently enjoyed a lunch-hour racquetball game with three male friends. In the shower room, the friendly banter focused on one man's attempt to get ahead at work and a second man's concern about his monetary investments. Right after this male bonding experience, George has a session with Pat, in which he is struck by how soft-spoken and tentative his client

appears. Due to the impact of recently being with successful men and the sharp contrast that Pat's "softness" evokes, George's schema for ambitious men is activated, and he feels determined to help Pat become more successful at work. The focus of the therapeutic dialogue becomes Pat's difficulties at work, and strategies to impress his supervisors.

As therapy continues, Pat finds himself working longer and longer hours, due to his therapist's lack of validation for valuing family time coupled with pressures from supervisors. Thus, as a result of therapy, Pat may change his behaviors by putting more time and effort into improving his performance at work, and spending less time with his family.

Would the situation be different for the female client, Pat? If the gender schema for "women as nurturers" were activated, the therapeutic interaction might be very different indeed. Some characteristic of the therapist could increase the probability that gender schemas are activated. For example, let's imagine that Pat's therapist, Claire, is very excited about being three months pregnant with her first child. She has recently read a book about mother-infant bonding, and is making plans to cut down on her work hours after the baby comes. Claire's own situation is making the "woman as nurturers" schema very salient.

Claire supports Pat's focus on the welfare of the children and the maintenance of a healthy marriage, and minimizes or overlooks behaviors that are hindering her success on the job, such as lack of assertiveness and organizational skills. Because of the therapist's obvious interest in the client's family relationships, the client may unconsciously shift her efforts to the areas of marriage and children, and give significantly less attention to her dissatisfaction with work performance. The female client, Pat, may feel validated by her therapist in valuing her family time and relationships, but may not look for ways of improving her work situation.

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The second possible implication of the Deaux and Major Model is how the situational variables might affect the therapist and the client. These could be variables such as the office environment or most obviously the presence of a cross-sexed dyad of client and therapist, whether it be a male therapist and female client or a female therapist and a male client. This pairing would likely affect both the therapist's and client's expectations about the other and about the interaction due to the different twists on the power dynamics and gender each alternative proposes. For example, an interaction with a male therapist and the female client, Pat, might easily reenact the Dominant Discourses in our society about relationships between men and women. This might entail a male therapist feeling pressure to fix his female client's problems and being uncomfortable with her emotionality. The female client might also take a more dependent stance, relying on the male therapist to guide the course of therapy.

Alternatives

How could the therapist avoid the pitfalls of being constricted by the gendered discourse and insure that the therapeutic dialogue offers a more flexible consideration of alternatives? The approaches of our hypothetical therapists described above do not need to be completely changed; they need only to be augmented. If each of the therapists reflected on how their reactions to the client's situation might change if the client were the other sex, their responses might be more complete. For instance, a therapist for the male client Pat could still give suggestions as to self-esteem work, assertiveness training, and skills improvement, but also point out that in a patriarchal society such as ours, men are not given the same opportunity as women to form close bonds with children or to spend significant time with their families. Pat's priority to family could be validated, and strategies about negotiating with supervisors for family time could be

discussed. Productive communication between the married couple with the added awareness of gender roles should also be encouraged so that decisions about work and family can be negotiated mutually.

When working with the female client Pat, the therapist might talk about women's valuing of relationships and the difficulty of working in a patriarchal structure. In addition, the therapist also could help her client to develop the skills that she needs to perform well in an environment in which relationships may not be a priority. Again, discussions with Pat's spouse about family responsibilities could lead to a lessening of pressure on Pat to juggle family and work.

In addition, therapists must be aware of all kinds of situational variables which may elicit gender-related behaviors, cross-sexed dyads being the most pertinent and obvious.

It is important to note that we are not proposing that therapists respond to male and female clients in exactly the same way. However, it is essential for us, as therapists, to be aware when we do respond differently, in order to ask ourselves whether gender-differentiated responses are in fact inadvertently eliciting, reifying, or exaggerating gender differences. In addition, we must be aware that the situational context is a factor and that our sex and the client's sex may play a part in the course of therapy.

Conclusion

In conclusion, therapy can easily and unwittingly be dominated by the way that the larger society thinks and talks about gender issues. The best way to insure that society's dominant discourses do not implicitly shape therapy is to make gender issues explicit in the therapy dialogue when relevant to the discussion. Explicit treatment can lead to reconstructions of the dominant discourses or an opening up to alternative discourses.

Also, it is important to remember that gendered behaviors are not static, but rather vary according to the situational context. In therapy, the therapist, client, and situational variables all play a part in the elicitation of gender-related behaviors in the client. Therefore, the therapist must be aware of these more immediate and proximal variables that may affect the display of gender-related behavior in therapeutic interactions .

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